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CONFIRMATION NO. 9083

<b>SERIAL NUMBER</b> 10/822,037	<b>FILING OR 371(c) DATE</b> 04/08/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> MCB-010 DIV
<b>APPLICANTS</b> Mark C. Bates, Charleston, WV;  <b>** CONTINUING DATA *****</b> This application is a DIV of 09/648,257 08/25/2000 PAT 6,740,331 <i>LSM</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none JAB</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/22/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> WV	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 8
<b>ADDRESS</b> 35023		<b>INDEPENDENT CLAIMS</b> 1		
<b>TITLE</b> Apparatus for the delivery of drugs or gene therapy into a patient's vasculature and methods of use				
<b>FILING FEE RECEIVED</b> 678	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	